

Service Fee Estimation for Medical Care

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Contact Number: [Insert Contact Number]

Dear [Patient Name],

We appreciate your inquiry regarding the estimated fees for your upcoming medical care. Below is a breakdown of the anticipated costs associated with your treatment:

Service Description	Estimated Cost
Initial Consultation	#[Insert Cost]
Diagnostic Tests	#[Insert Cost]
Treatment Procedure	#[Insert Cost]
Follow-Up Visits	#[Insert Cost]

Total Estimated Cost: #[Insert Total Cost]

Please note that these amounts are estimates and may vary based on the specific services rendered. We encourage you to contact our office should you have any questions or require further clarification.

Thank you for choosing [Your Medical Facility Name] for your healthcare needs.

Sincerely,
[Your Name]
[Your Position]
[Your Medical Facility Name]
[Contact Information]